



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 098400028

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PINWOOD LODGE, INC.

DOING BUSINESS AS

ADDRESS 190 PINWOOD ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: SAUNDERS,  
ALBERT E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIVE ENTRANCES ON GROUND FLOOR AND ONE ENTRANCE BASE- BASEMENT FLOOR, TWO EXITS ON WEST SIDE OF BUILDING. 2 EXITS ON EAST SIDE OF BUILDING AND ONE EXIT ON SOUTH SIDE OF BUILDING..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 098400105

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SANDY POND GOLF, INC

DOING BUSINESS AS ATLANTIC COUNTRY CLUB

ADDRESS 450 LITTLE SANDY POND RD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: AMOROSO,  
ANTHONY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAR, FUNCTION KITCHEN AND STORAGE AREA ON LOWER LEVEL; DINING ROOM APPROX 970 SQ FT, BAR APPROX 397 SQ FT AND COVERED DECK. KITCHEN ON UPPER LEVEL; 2 ENTRANCES AND EXITS ON UPPER LEVEL; RESTROOMS ON UPPER AND LOWER LEVEL

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 098400170

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOUBLE C, INC

DOING BUSINESS AS CAMPY'S

ADDRESS 531 FEDERAL FURNACE ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: CARREAU, CRAIG TYPE OF LICENSE: Commercial club CATEGORY: All Alcohol C.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 098400186

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAMP BOURNE DALE, INC.

DOING BUSINESS AS

ADDRESS 110 VALLEY ROAD

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: FABRIZIO, DARIN TYPE OF LICENSE: General on  
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FUNCTION HALL WITH FOUR SEPARATE ENTRANCES AND EXITS. ALL ON MAIN FLOOR.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 098400226

CITY OR TOWN PLYMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PILLORY PUB LLC

DOING BUSINESS AS

ADDRESS 72 WATER STREET

CITY/TOWN: PLYMOUTH

STATE: MA

ZIP CODE: 02360

MANAGER: PARSONS,  
BENJAMIN J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

24X36 AREA WHICH INCLUDES DINING AREA, BAR AREA, KITCHEN, UTILITY ROOM AND RESTROOMS

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